OMB# 2050-0024; Expires 12/31/2014

FO The	MPLETED RM TO: e Appropriate te or Regional	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. E	Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: □ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) □ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application						
	AFFLI	 □ As a component of a Revised R □ As a component of the Hazardo 						
		 □ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) □ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) 						
2.	Site EPA ID Number	EPA ID Number TXR000	0 0 8	1 5 9 0				
3.	Site Name	Name: CVS Pharmacy #10412						
4. Site Location Street Address: 605 North Main Street, Suite E								
	Information	City, Town, or Village: Donna			County: Hidalgo			
		State: TX	Country: U	SA	Zip Code: 78537			
5.	Site Land Type	Private County Distr	rict Fed	deral Tribal N	Municipal State Other			
6.	NAICS Code(s) for the Site (at least 5-digit codes)	A. 4 4 6 1 1	0	С.				
		В		D				
7.	Site Mailing	Street or P.O. Box: One CVS Drive						
	Address	City, Town, or Village: Woonsocket						
		State: RI	Country: U	SA	Zip Code: 02895			
8.	Site Contact	First Name: Wendy	MI: L	Last: Brant				
	Person	Title: CVS Corporate Environmental	Manager					
		Street or P.O. Box: One CVS Drive						
		City, Town or Village: Woonsocket						
		State: RI	Country: U	SA	Zip Code: 02895			
		Email: Wendy.Brant@CVSCaremark.com						
		Phone: 401-765-1500	Fax: 401-216-0138					
9.	Legal Owner	Phone: 401-765-1500 Ext.: A. Name of Site's Legal Owner: Sandoval Properties, LP			Date Became 1/30/2009 Owner:			
	and Operator of the Site	Owner Type: Private County	District	Federal Tribal	Municipal State Other			
15		Street or P.O. Box: 605 North Main Street, Suite C						
6		City, Town, or Village: Donna	100000		Phone: 956-464-4406			
81		State: TX	Country: U	SA	Zip Code: 78537			
1		B. Name of Site's Operator: CVS Pha			Date Became 7/1/2013 Operator:			
		Operator Type: Private County		Federal Tribal	Municipal State Other			

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011)

7-31-14

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Mark Committee of the c				

EPA ID Number	OMB#: 2050-0024; Expires 12/31/2014
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting	the form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter
(2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2. lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup	b. Transfer Facility (at your site)
material. b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of nor	Y N 7. Recycler of Hazardous Waste
acute hazardous waste. C. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute	
hazardous waste. If "Yes" above, indicate other generator activities in 2-4.	If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption
2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
Y N 3. United States Importer of Hazardous Waste	Y N 9. Underground Injection Control
Y N 4. Mixed Waste (hazardous and radioactive) Generator	Y No
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate	Y N I Used Oil Transporter If "Yes", mark all that apply. a. Transporter
types of universal waste managed at your site. If "Yes mark all that apply.	
a. Batteries	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.
b. Pesticides	a. Processor
c. Mercury containing equipment	
d. Lamps e. Other (specify)	b. Re-refiner
f. Other (specify)	Y N 3. Off-Specification Used Oil Burner
g. Other (specify)	Y 1. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

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A. Hingd Wester (contraded) also extraoelles) Grandales.

EPA ID NU	mber	K 0 0 0 0 0 8	1 5 9 0		OMB#: 2050-00	024; Expires <u>12/31/2014</u>
D. Eligible wastes	Academic Entitle pursuant to 40 CF	s with Laboratories— FR Part 262 Subpart K	Notification for o	pting into or withd	rawing from manag	ging laboratory hazardous
* Y	ou can ONLY Opt i	into Subpart K if:				
•	you are at least or agreement with a a college or unive	college or university; o	ollege or university r a non-profit resea	r; a teaching hospita arch institute that is	al that is owned by o owned by or has a f	r has a formal affiliation ormal affiliation agreement with
	you have checked	d with your State to dete	ermine if 40 CFR F	art 262 Subpart K i	s effective in your sta	ate
Y NV	1. Opting into or o		er 40 CFR Part 26	2 Subpart K for the	management of haza	ardous wastes in laboratories
	a. College or			, pee et engisie de	addinio dirades. Mi	in an inac apply.
		lospital that is owned b	y or has a formal v	vritten affiliation agre	eement with a colleg	e or university
		Institute that is owned b				
Y N	2. Withdrawing from	om 40 CFR Part 262 S	ubpart K for the ma	anagement of hazar	dous wastes in labo	ratories
11. Descri	otion of Hazardous	Waste				
your sit	Codes for Federall te. List them in the are needed.	y Regulated Hazardor order they are presente	us Wastes. Pleased in the regulation	e list the waste code s (e.g., D001, D003	es of the Federal haz , F007, U112). Use	zardous wastes handled at an additional page if more
				Name of the last		
hazard		egulated (i.e., non-Fed l at your site. List them				the State-Regulated a additional page if more
						1 1 0 1 1
					The second	

EFAID Number	0 1 2 9 0	MB#: 2050-0024; Expires <u>12/31/2014</u>
12. Notification of Hazardous Secondary Mate	rial (HSM) Activity	
Y N Are you notifying under 40 CFR 260 secondary material under 40 CFR 2	9.42 that you will begin managing, are manag 61.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (ing, or will stop managing hazardous 25)?
If "Yes", you <u>must</u> fill out the Addend Material.	dum to the Site Identification Form: Notification	n for Managing Hazardous Secondary
13. Comments		
Please deactivate this EPA ID number. The st	tore relocated and another 8700-12 form	will be submitted for the new address.
•		
4. Certification. I certify under penalty of law the accordance with a system designed to assure on my inquiry of the person or persons who may information submitted is, to the best of my known penalties for submitting false information, inclusive Hazardous Waste Part A Permit Application, a	that qualified personnel properly gather and or anage the system, or those persons directly rewelling and belief, true, accurate, and completed in the possibility of fines and imprisonment	evaluate the information submitted. Based responsible for gathering the information, the rete. I am aware that there are significant to the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage CVS Agent	7/16/2014
,		



UNITED STATES ENVIRONMENTAL PROTECTION AGLINCY REGION 6

1445 ROSS AVENUE, SUITE 1200 DALLAS TX 75202-2733

October 25, 2013

CVS Pharmacy #10412 ATTN: Wendy Brant 605 N. Main St., Ste. E Donna, TX 78537-2726

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000081590

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

> Texas Commission on Environmental Quality Permitting and Registration Support Division Registration and Reporting Section, MC129 P.O. Box 13087 Austin, TX 78711-3087 512-239-6413

Sincerely,

Sontina S. Powell **Environmental Protection Specialist** EPA, Region 6 Multimedia Planning and Permitting Division



UMITED STATES ENVINQUMENTAL PROTECTION AGENCY REGIONS 1445 FOSS AVENUE, SUITE 1200 DALLASTX TERRE 2733

October 25, 2013

CVS Pharmacy #10412 ATTN: Wendy Brant 605 N. Main St., Ste. E. Donna, TX 78537-2726

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130000031590

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
- P.O. Box 13087
- Austin, TX 78711-3087
- S12-239-6413

Sincurely,

Sentina S. Powell Environmental Protection Specialist EPA, Region 6 Multimedia Planning and Permitting Division



10/24/13

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SEND	ETED	CMBN 2250 CROK EN		OCT	0 8 2013				
	MPLETED RM TO: United States Environment Text Petipetion ASI PRINTED N								
The App	propriate	RCRA SUBTITLE C SITE IDENTASICATIONS FOR ON							
State or Office.	Regional			ENVIRONM	ENTAL QUALITY	The enough			
			10.	A feet amus	na Milango pedintes mes	A englar movement			
	son for	Reason for Submittal:							
Sub	mittal	■ To provide an Initial No	otification (first time	submitting site ident	ification information / to obtain	an EPA ID number			
NAA	RK ALL	 To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) 							
	ES) THAT	☐ To provide a Subseque☐ As a component of a F				1)			
A	PPLY				Permit Application (Amendme	opt#			
		☐ As a component of the				int#			
					and the second s				
		>100 kg of acute h	nazardous waste sp	ill cleanup <u>in one or</u>	azardous waste, >1 kg of acute more months of the report yea	nazardous waste, o r (or State equivalent			
3.00	EPA ID	EPA ID Number LIX	20000	811590	FOOD FARMOR SOZ A				
3. Site	Name	Name: CVS Pharmacy #1041	12	e (arm 1220 for ma)	POT ORWING BORES A	SI SIN			
4. Site	Location	Street Address: 605 North Ma	ain Street, Suite E						
AT THE RESERVE	Information	City, Town, or Village: Donna		THE STATE OF STREET	County: Hidalgo	ROLL BUTTON			
0		State: TX Country: USA Zip Code: 78537 - 2726							
5. Site	Land Type			ederal Triba					
					Municipal Sta	ateOther			
fort	NAICS Code(s) for the Site		1 1 0	C.					
(at l	east 5-digit es)	В		D.		A KONTON			
7. Site		Street or P.O. Box: One CVS	Drive						
	ress	City, Town, or Village: Woonsocket							
				LICA	00005				
		State: RI	Country:		Zip Code: 02895				
8. Site	Contact	First Name: Wendy	MI: L	Last: Brant	commentate of and helicines				
		Title: CVS Corporate Environmental Manager							
		Street or P.O. Box: One CVS Drive							
		City, Town or Village: Woonso	ocket		a Balleten	and the same of th			
		State: RI	Country:	USA	Zip Code: 02895				
		Email: Wendy.Brant@CVSCaremark.com							
		Phone: 401-765-1500		Ext.:	Fax: 401-216-013	38			
	al Owner	A. Name of Site's Legal Owne	r: Sandoval Prope	erties, LP	Date Became 1/3	0/2009			
	Operator le Site								
94	Julian In	Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 605 North Main Street, Suite C							
	ene at anid	City, Town, or Village: Donna	Wall Offeet, Oute		Phone: 956-464-4	4406			
	o o to ta	State: TX		ΠSΔ		1400			
	omited but		Country:		Zip Code: 78537				
	elinimin'i sec	B. Name of Site's Operator: C	vs Pharmacy, Inc	RF	Date Became 7/1/	2013			
		Operator Type: Private	County Distric	t Federal	Tribal of Municipal	State Other			

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011)

521919

REPORTING

Page1 of ____

EPA ID Number	OMB#: 2050-0024; Expires 12/31/2014
Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitted)	ing the form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg (2,200 lbs./mo.) or more of hazardous waste Generates, in any calendar month, or accumulates at any time, more than 1 kg/m lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg (220 lbs./mo) of acute hazardous spill clear material.	b. Transfer Facility (at your site) o (2.2 YN 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.
b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) o acute hazardous waste.	
c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-a hazardous waste. If "Yes" above, indicate other generator activities in 2-4.	acute Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption
Y N 2. Short-Term Generator (generate from a short-term or one event and not from on-going processes). If "Yes", provide explanation in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
Y N ✓ 3. United States Importer of Hazardous Waste Y N ✓ 4. Mixed Waste (hazardous and radioactive) Generator	Y N ✓ 9. Underground Injection Control Y N ✓ 10. Receives Hazardous Waste from Off- site
 B. Universal Waste Activities; Complete all parts 1-2. Y N I 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indic types of universal waste managed at your site. If mark all that apply. 	C. Used Oil Activities; Complete all parts 1-4. Y N 1. Used Oil Transporter If "Yes", mark all that apply. ate "Yes", b. Transfer Facility (at your site)
a. Batteries	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.
c. Mercury containing equipment d. Lamps	a. Processor b. Re-refiner
e. Other (specify) f. Other (specify) g. Other (specify)	YN 3. Off-Specification Used Oil Burner YN 4. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for activity.	a. Marketer Who Directs Shipment of Ot

EPA ID Number				OMB#	t: 2050-0024; Expir	es 12/31/2014
D. Eligible Acad wastes purs	demic Entities with L uant to 40 CFR Part 2	aboratories—Notifi 262 Subpart K	cation for opting in	to or withdrawing fr	om managing labora	atory hazardous
You ca	n ONLY Opt into Subj	part K if:				
agre	are at least one of the eement with a college ollege or university; AN	or university; or a no	or university; a teac n-profit research inst	hing hospital that is o itute that is owned by	wned by or has a form or has a formal affilia	nal affiliation tion agreement with
• you	have checked with yo	ur State to determine	e if 40 CFR Part 262	Subpart K is effective	e in your state	
	Opting into or currently See the item-by-item	instructions for def	CFR Part 262 Subpa initions of types of	rt K for the managem eligible academic e	nent of hazardous was ntities. Mark all that	ites in laboratories apply:
	a. College or Universi	*				
	b. Teaching Hospital t					
	c. Non-profit Institute	tnat is owned by or n	ias a formai written a	miliation agreement w	vith a college or unive	rsity
Y N 2. V	Withdrawing from 40 C	FR Part 262 Subpar	t K for the managem	ent of hazardous was	stes in laboratories	
11. Description	of Hazardous Waste					
	s for Federally Regul st them in the order the needed.					
D001	D002	P001	P042	P075	P081	
D011	D009					
	es for State-Regulated vastes handled at your needed.					
	MOREOU priswon. 10	himmonogop ees a	parint pality of the	oniosoni potemble	(f) (i) a Bedree a na Cada pollomba sa	inoming fathered
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PA ID Num	ber	OM	IB#: 2050-0024; Expires 12/31/2014
Notificat	ion of Hazardous Secondary Materia	I (HSM) Activity	DIS his 7,340 GM of material suitable
(□ N√	Are you notifying under 40 CFR 260.4 secondary material under 40 CFR 261	2 that you will begin managing, are managir 1.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (2 m to the Site Identification Form: Notification	5) ?
3. Comme		A Judgitus Sostinis Seito Akrebitus colleges A	
	Stewart to egoties a silve Insersections	lite filips repaired is more to find yet become it	encessor and the second
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		A CONTRACTOR OF STREET	
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accorda on my i informa	ance with a system designed to assure nquiry of the person or persons who man tion submitted is, to the best of my kno		III IUI KIIUWIIII VIOIALIOIII. I OI LIIO I III
Signature authorized	of legal owner, operator, or an representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
-	- 0	Charles Savage CVS Agent	10/1/2013